

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

Applicant

Filing Date

10/541945 7/8/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	2		/				53						
4			/				54						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	10	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS		██████	11	██████		██████	TOTAL CLAIMS		██████		██████		██████

BEST AVAILABLE COPY